

Primary Health Care and Family Medicine Training Program

Dissemination Conference

Report for the Consultative Panel

March 29, 2004

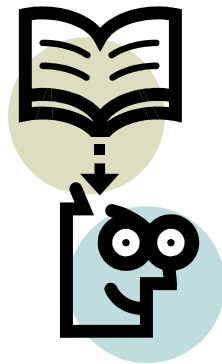
In collaboration with the MOH

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Terms of Reference for Panel

- **Review description and recommendations**
- **Present deliberations at the Conference**

Primary Health Care and Family Medicine Training Program

The program is a pilot model for the establishment of continuing medical education. The course is designed to be a flexible module that incorporates current and tested concepts in the diagnosis and management of the most frequent causes for visits to the Primary Health Care Center. Further, the course focuses on improving communication with patients, teaching and presentation methods.

The curriculum is an adaptation of the Primary Health Care Initiatives project in Amman Jordan, a USAID funded project managed by Abt. Associates in Jordan. The project has been developing a training curriculum over the last five years. The Jordanian model was judged to be an appropriate model to test out in Iraq, however the 150 hours curriculum, that stretches over 6 weeks, was not feasible due to the time frame of the project. In October 2003, 21 teaching experts were selected from all over Iraq to participate in the Master Trainers Course. The course was modified to 50 hours.

Of the 21 master trainers who participated, 10 have continued to support the training component. The governorates of Basra, Kirkuk and Wassit were part of the initial phase of TOT, and subsequent roll out courses. International Medical Corps are sub-contracted to perform training in Najaf, Ninawa, Karbala and Thi Qar. Due to the late start of IMC, the results in this report pertain only to Basra, Kirkuk and Wassit. International Medical Corps use the same modified curriculum and methods, however, staffing and operational structure are different.

By the end of April more than 700 Doctors will have participated in these workshops. A body of evidence has been gathered that may contribute to future continuing medical education in Iraq.

Course Objectives

- Improve diagnosis and case management of the most common acute and chronic illnesses
- Improve patient satisfaction with PHC services
- Incorporate community health principles in the daily activities of the PHC Center.
- Include health education with preventive health interventions.

Core trainers were selected by the DG Health, who selects doctors possessing clinical experience in a particular specialty. The majority of core trainers are considered specialist in the areas of internal medicine, ObGYN, paediatrics, and community medicine. The main criteria, in the selection process was the commitment to undertake roll out courses for doctors in their respective governorates.

Certified Master Trainers assist the core trainers who are lecturers from Medical Colleges, with the exception of Wassit, where the Master Trainer is a specialist in Internal Medicine.

The training course is of ten days duration. The IHSS Project funded by USAID has allocated equipment and furnishings for the program. These are expected to be

handed over by USAID at the completion of the IHSS contract in order to establish a permanent training room and resources center that the governorate can use for all future training and professional development events.

Training of Trainers (TOT)

The workshops took place in 3 governorates (Basra, Wassit and Kirkuk). The training was carried out by master trainers from Basra College of Medicine, Wassit DoH, Tikrit College of Medicine and Mosul College of Medicine. The main goal of the TOT is to prepare trainers from the DoH of the target governorates to take future responsibility of training all doctors of the PHC centers.

Place of workshops: The aim is to establish a well-equipped training center in each governorate and preferably attached to one of the PHC centers. In Basra the workshop was held in Al-Razi Training center, in Wassit it was held temporarily in Al-Zahraa General hospital and in Kirkuk in the Training Hall of the DoH. IMC have also established training centers in Mosul and Najaf

Timing: Basra workshop was carried on December 6-16, 2003 followed by Wassit workshop on December 8-18, 2003 and Kirkuk workshop on December 13-23, 2003.

Training Schedule: The same schedule that was used last October by the master trainers was followed in all TOT workshops. Modification of some topics and time allocated for each topic were reviewed by the training coordinators, the master trainers and the trainers immediately after the end of TOTs. The original schedule and the new one are as follows:

Example

TOT Workshop in PHC Delivery/ Al-Razi Basra Center/ Directorate of Health of Al-Basra, December 6-16 2003

Schedule and Time Line

Instructors: Dr. Omran S Habib/ Coordinator
Dr. Narjis AH Ajeel
Dr. Majid AW Matook
Dr. Laith Abdul-Hameed

Day	Date	Topics	Hours
1	Dec.6	Introduction/ The Family Health Model	1
		Hypertension	3
		Headache	1
2	Dec. 7	Chest Pain and Ischemic Heart Diseas	2
		Back Pain	1
		Depression	1
		Field Visit/ MCH Section of a local PHCC	1
3	Dec.8	Diabetes Mellitus	3
		Abdominal Pain	2
4	Dec. 9	Cardio-Pulmonary Resuscitation (with Demo)	3
		Management of Trauma	2
5	Dec. 10	Principles of Behavior Change	1

		Burns and Wounds	1
		Bites and Poisoning	1
		Common Fractures and Sprains	1
		Effective Teaching	1
6	Dec. 11	Neonatal and Infant Screening	2
		Diarrhea	1
		Anemia in Children	1
		Fever	1
7	Dec. 13	Respiratory Infections (incl. sore throat & O. Media)	2
		Asthma	2
		Immunization	1
8	Dec. 14	Women Health	1
		Pre- and Post Natal Care	2
		Family Planning Methods	2
9	Dec. 15	Pelvic Examination	2
		LAM and Breast Feeding	1
		Menopause	1
		Osteoporosis	1
10	Dec. 16	Principles of Preventive Health Care	1
		Breast Lump and other Breast Disorders	2
		Abnormal Uterine Bleeding	1
		Patient-Physician Relationship	1
		Closing Session and Awarding Certificates	

Certificates: Any TOT workshop participant completing the full course of training with no absence exceeding 10% of the time and a minimum passing mark of 70% on the post tests shall be awarded a special certificate signed by the master trainer and the Director General of Health of that specific governorate.

Evaluation Report: The participants were given at the end of their workshops an evaluation sheet prepared by the IHSS M&E group. The form includes the following information;

1. Workshop length		
Too short		
Short		
Just about right		
Long		
Too long		
Total		
2. Workshop usefulness		
Very useful		
Useful		
Un-useful		
Total		
3. The improvement of their skills and knowledge		
Major		
Minor		
No improvement		
Total		
4. Workshop impact on participants' work		

Very positive		
Positive		
No impact		
Total		
5.Participants' willing for additional participations		
Very willing		
Willing		
Unwilling		
Very unwilling		
Total		
6. Participants' satisfaction about the trainers		
Very satisfied		
Satisfied		
Unsatisfied		
Very unsatisfied		
Total		
7.Overall satisfaction about the workshop		
Very satisfied		
Satisfied		
Unsatisfied		
Very Unsatisfied		
Total		

Recommendations from TOT Review in MOH 23 December

A review was held at the MOH concerning the performance of the TOT course and the application for roll-out training courses. Master trainers provided suggestions and the recommendations of core trainers were developed into guidelines for the roll out courses. Results were as follows:

- The course remains at 50 hours, however, the topics were increased from 33 to 41, and the teaching time cut back.
- Hypertension two hours for the presentation. Stress on risk factors, adequate treatment and management, classification and the new criteria for clinical evaluation. Case studies should be given significant attention. Handout prepared for distribution during the session.
- Principles of effective teaching and preparation of a teaching session combined together in a one-hour presentation. In the workshops for PHC doctors, the strategy of presentations is different. Formerly emphasis was on preparing groups of trainers with skills in teaching methods while in the case of workshops for training PHC doctors we stress on providing knowledge and skills as well as the proper attitude in dealing with patients, families and the community. The participation of the doctors in presenting some topics could be also used by the trainers to stress on some of the aspects of preparing a teaching session.
- The time allocated for Chest pain and IHD topic was reduced from 2 to 1 hour. Stress should be applied on the clinical presentation of angina and common causes of chest pain, prevention, criteria for referral and case studies.

- The time for Diabetes Mellitus reduced from 3 to 2 hours. Focus on proper diagnosis, management, complications, preventive issues and health education messages, as well as critical elements for referral. Case studies and group discussions are important.
- The time for Cardio-pulmonary resuscitation remains changed i.e. three hours, but two of the 3 hours should be used for the practical training especially the introduction of the AMBU bag on the mannikin model.
- A new topic was introduced to cover child and adolescent care. This was added to the already existing topic on neonate and infant screening . Here the time was increased by one hour. The materials to be covered for the new subjects are taken from the Essentials of Family Medicine (By Sloane). Handouts were prepared for distribution during the session including case studies.
- The time allocated for abdominal pain was reduced from 2 to 1 hour. Focus on a Diagnostic approach and most common causes, risk factors and criteria for referral. Dyspepsia and peptic ulcer disease should be stressed on.
- Tuberculosis was introduced as a new topic due to its importance as a common and re-emerging disease and was given a one hour time. Stress should be put on identification, clinical picture, prevention and control. Treatment methodology with emphasis on the DOTS program should be considered.
- Nutrition was introduced as a new topic and presented as a one hour session. Stress should be applied on under nutrition especially in children with emphasis on calorie, protein and vitamin deficiencies. The nutrition of women especially during pregnancy is to be emphasized.
- A new topic related to Physician-Patient relationships issues was introduced and given one hour. This is one of the most important topics to be considered especially on dealing with patients seeking health services at the primary level. A handout regarding this topic will be distributed to the participants stressing on cases studies. Issues such as approaching the challenging patient, managing difficult patients, the rambling patients etc. are to be tackled.
- The time for “Family planning methods” was reduced from 3 to two hours. The issue of counseling should be stressed on and IUD insertions should be covered in this session too.
- A topic regarding Sexually Transmitted Infections was included and given two hours. A proper handout is to be given to all participants during the session including case studies. Stress should be put on epidemiology, transmission, clinical evaluation, reporting, prevention and control. Case studies are included in the handouts.

- Menopause and osteoporosis were combined together to be given in a one hour session. Stress should be put mainly on menopause and the training manual should be used as a reference while osteoporosis should be tackled as one of the sequelae of menopause.
- Four PHC doctors from each workshop are to participate in the presentation of materials to be selected from the following topics: Communicable diseases, thalassemia, sickle cell disease, bilharziasis, skin problems, kala azar, eye problems, brucellosis and typhoid fever. Each presentation should take no more than 30 minutes including discussions and comments. Each doctor presenting a topic should prepare his/ her own materials. The reason for putting a variety of topics in the list above is to give each governorate the freedom of selection of topics with higher priorities in their areas.
- Sometimes it is difficult to make available all necessary equipment for an ideal presentation especially when such equipments are technically sophisticated, so it is important to be prepared for using less sophisticated methodologies in teaching. A group discussion should be always encouraged.

Roll out Courses

Objectives

- Improve understanding of the patho-physiology of specific diseases
- Identify risk factors and life style on the impact of certain illnesses and disease
- To improve clinical diagnosis skills.
- Make effective case management plans
- Improve communications with the patient and family support network in the understanding of prevention and treatment of illness.
- Increase awareness in the prevention and management of complications
- Enhance knowledge for referral pathways

The roll-out courses are provided by 3-4 core trainers with a Master Trainer as instructor to the core trainers. This is done to provide support to core trainers, as their teaching experience is lacking.

Usually, every PHC facility that has a doctor/s working at the center will be targeted for participation. The DOH, either planning department or PHC department ensures that the PHC facility is not lacking a doctor while the participant is away on the 10 day course.

MODIFIED SCHEDULE FOR ROLL OUT WORKSHOP

Suggested Topics and the number of Hours allocated for each Topic

Day	TOPIC	Time(hrs.)
1	Introduction to Course	1
	Hypertension	2
	Headache	1
	Principles of Effective Teaching and Preparation of a Teaching Session	1
2	Chest Pain and Ischemic Heart Disease	1

	Back Pain	1
	Depression	1
	Diabetes Mellitus	2
3	Principles of Behavior Change/ smoking cessation	1
	Principles of Preventive Health Care and Health Education	1
	Neonate, Infant, Child and Adolescent Care	3
4	Cardio-Pulmonary Resuscitation (including two hours of practical training)	3
	Abdominal Pain (including dyspepsia & peptic ulcer)	1
	Tuberculosis/ DOTS	1
5	Nutrition	1
	Trauma management	1
	Bites and Poisonings	1
	Wound and Burn Care	1
	Common Fractures and Sprains	1
6	Anemia management	1
	Diarrhea	1
	Fever	1
	Immunizations	1
	Physicians - Patients Relationships Issues	1
7	Respiratory Infections (including sore throat & Otitis Media)	2
	Asthma	2
	Introduction to Women's Health	1
8	Ante and Post Natal Care/ Basic ER Obstetric Care	2
	Family Planning Methods/ Counseling	2
	LAM and Breast Feeding Issues	1
9	Breast Lump and other Breast Disorders	2
	Abnormal Uterine Bleeding	1
	Sexually Transmitted Infections (STIs) Management	2
10	Menopause and Osteoporosis	1
	Field Visit to a Local Health Center	2
	Local Health Problems (four half hours presentations by the participants to be selected from the attached list of topics*)	2
CLOSING CEREMONY		

Optional List of Topics:

Communicable Diseases

Thalassemia

Sickle Cell Disease

Bilharziasis

Skin Problems

Kala Azar

Eye Problems

Brucellosis

Typhoid Fever

Training Centers

Participants set of materials (supplied)

Brief case containing : 2 notebooks , 2 dry pens , 1 ruler

Training manual ,hard copy 1

CDs (Training Manual. , Cochrane Database ,2002 ,and Up to Date 7.2)

The following handouts were provided:

Well child and Adolescent care

STI

TB

Hypertension ; key clinical questions & case study

Anxiety and depression ; key clinical questions & case study

Chest pain ; key clinical questions & case study

Headache ; key clinical questions & case study

Communicable disease toolkit / Iraq crisis / Case management of Epidemic-prone Diseases

Mannikins:

Breast self examination

CPR

Pelvic examination

The fixed materials were:

4 Computers

4 UPS equipment

2 Printers

1 Photocopy machine

1 Data show projector

1 OVP & transparencies

1 Projection screen

1 Flip chart , papers & markers

4 laser pointers

Paper for photocopying

Extra disks

PHC Workshop Participants by type of training, period of training and gender

Governorate	Date of TOTs	Participants by Gender			Dates For Roll-Outs	Participants by Gender		
		M	F	T		M	F	T
BASRA	Dec. 6-16, 2003	12	10	22	Jan. 7-17, 2004	11	7	18
					Jan. 7-17, 2004	5	11	16
					Feb. 8-18 2004	2	11	13
					Feb. 8-18, 2004	11	11	22
					Feb, 23 – March 7, 04	14	7	21
					Feb. 23- March 7, 04	12	6	18
					Feb. 23- March7, 04	13	4	17
					March 20- 30, 04*			21
					March 29- April 8, 04*			20
					April 3- 13, 04*			20
					April 3-13, 04*			20
					April 10-20, 04*			25
WASIT	Dec. 8-18, 03	5	5	10	Jan. 11-21, 04	11	7	18

					Feb. 8-18, 04	14	7	21
					Feb. 22- March 7, 04	12	8	20
NAJAF	Feb. 16-26, 04	11	6	17	*March 6 -16			20
					*March 22-April 1			20
					*April 3-13			20
KIRKUK	Feb. 13-23, 04	11	6	17	Feb. 7-17, 04	12	4	16
					Feb. 18-28, 04	11	8	19
					March 6-16, 04	13	8	21
					*			20
					*			20
					*			20
MOSUL	Feb. 14-24, 04	10	6	16	March 7-17, 04	10	10	20
					March 7-17, 04	7	13	20
					March 14-25, 04	10	10	20
					March 22- April 1, 04*			20
					March 22- April 1, 04*			20
					March 29- April 8, 04*			20
					April 5- 15, 04*			20
					April 5- 15, 04*			20
					April 12-22, 04*			20
TOTAL		49	33	82		(168)	(125)	666

*Numbers as planned ** Total number of courses including MT and TOTs = 39

Summary: Total trained is 769 Doctors (21 Master Trainers + 82 Core Trainers + 666 PHC Doctors)

Proposed Recommendation for training and CME:

Primary Health Care and Family Medicine

Pre - Service

1. MoHE - Establish targets for computer literacy and mathematics for medical students
2. Establish language proficiency requirements (if the medical curriculum will remain in English)
3. MoH - Continuing medical education to be part of accreditation.
4. Promote the electronic dissemination of information eg. Cochrane data base.
5. Establish medical school's curriculum review committee with MoH and MoHE.
6. Medical Students in 6th year to have 4 weeks practicum in a teaching PHC centre.
7. Internships should contain a 2 week course on PHC and Family medicine with two weeks practicum at a PHC facility.

In-service

8. In-service training of 15 hours CME should be required every 3 years from completion of rotation and internship.
9. Short (3 days) workshops should be provided on a routine basis in some related area of training in PHC such as: special clinical topics, standards of care in the health center, computer literacy, health planning, health information system, health management, information technology, and monitoring and evaluation.
10. An Iraq PHC curriculum should be established and future modifications overseen by establishing a Review Committee with MoH and MoHE.

Institutional Strategies**DOH Perspective**

- Training centers have been prepared and equipped by IHSS under funding from USAID. It is envisioned that equipment and related items provided by USAID will be handed over to the centers upon completion of the IHSS contract. The Directorates of Health in the Governorates should utilize these centers for further training in primary health care in particular or any other topic in general (CME). Directorates of Health should have their own plans regarding this issue.

MOH Plans for PHC Centers

- The principles learned from the workshops should be applicable when doctors go back to their PHC Centers. This needs prompt action by the MOH to apply the standards of care in a health facility, apply the principles of Quality Improvement, and a functioning family record system.
- The MOH should encourage and support non-governmental societies that serve the purpose of backing any PHC initiative in training.
- Guidelines should be developed for Iraq standards of care at the PHC Facility.

Academic, technical and professional knowledge and skills

- Being continuously informed about the progress of academic and professional knowledge and the introduction of the new concepts for the diagnosis, treatment, and prevention will help update the training process and the training curriculum. For this reason, coordination with foreign academic bodies, such as medical schools, and with professional organizations such as medical societies and associations is of great importance.

- Develop strategic partnerships with external institutions to access up to date teaching methods and other resources and achieve an international standard of teaching for primary health care and family medicine.
- The subject of Primary Health Care and Family Medicine should be introduced to all curricula in medical schools and be regarded as a distinct independent discipline with its own independent weight in the final graduation mark. The establishment of a 'Department of Family Medicine' may be a viable option.

Future Standpoint

- It is recommended that an independent Primary Health Care Institute where many parties are represented such as MOH, MOHE, Medical Societies and other NGOs should be established. The objectives and duties of such body are to be specified. Tasks should be monitoring and evaluation.